

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006493

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

568

VS 300
Rev. 4/59

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230782

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9332X

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas city</i>		Length of stay in 1b <i>63 yrs</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>503 S. Elmwood</i>		d. STREET ADDRESS (If outside, give location) <i>503 S. Elmwood</i>	
3. NAME OF DECEASED (Type or print) First <i>STEPHEN</i> Middle <i>DOLCE</i> Last		4. DATE OF DEATH Month <i>1</i> Day <i>29</i> Year <i>1963</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Wh.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-16-1885</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fireman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cannery Packing</i>	11. BIRTHPLACE (City and state or country) <i>Salazarita, Sinaloa, USA</i>
13a. FATHER'S NAME <i>Vincenzo Dolce</i>		13b. MOTHER'S MAIDEN NAME <i>Grace</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>503 S. Elmwood</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT <i>Mary Dolce</i> Address <i>503 S. Elmwood</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertensive heart disease</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <i>Jan 12, 1963</i> to <i>Jan 28, 1963</i> and last saw him alive on <i>Jan 16, 1963</i> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>G. Kettner</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>Kansas city, Mo</i>	22c. DATE SIGNED <i>1/25/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>1-31-1963</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive</i>	23d. LOCATION (City, town, or county) <i>Kansas city, Mo</i>
24. FUNERAL DIRECTOR <i>Assantina Bros KC, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>1-29-63</i>	26. REGISTRARS SIGNATURE <i>Ruth Long</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Keltner 820 Professional
Ex 1-2892 2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. C. Passantini

Licensed Embalmer No. 4554

P. O. Address K C Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.